UNIVERSITY OF LOUISVILLE.

REQUEST FOR CATASTROPHIC SHARED LEAVE PROGRAM

Instructions

Human Resources is responsible for processing requests for the Shared Leave Program under PER 4.19. Employees are eligible to apply for up to twelve weeks of Catastrophic Shared Leave, after twelve months of continuous service, equivalent to Family Medical Leave eligibility. If an employee is incapacitated, a personal representative (including supervisors) are permitted to request leave on an employee's behalf.

Please fully answer each item below, then have the department UBM or timekeeper sign the certification portion. Please note, this request will not be reviewed if HR has not approved leave time associated with this request. Forward completed forms and attachments to Human Resources, 1980 Arthur Street, Louisville, Kentucky 40208-2770, e-mail to leaveadm@louisville.edu, or fax to 502-852-3264.

For Completion by Employee or Employee Representative

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home/Mobile Phone: _____ UofL ID#: _____

In the past 12 months, have you received shared leave either through direct donation or from the pool?

☐ Yes ☐ No

If yes, list the dates you received shared leave: _____

Please provide a brief summary of why accrued leave is not available and shared leave hours are needed. If you are a representative, please explain why you are completing the form on the employee's behalf:

TIMEKEEPER OR UBM CERTIFICATION

I certify this employee has been approved for leave by Human Resources due to their own serious health condition or a family member's serious health condition. I also certify the employee will exhaust all other paid leave during the term approved.

Timekeeper or UBM Name and Signature: _____ Date: _____

EMPLOYEE or EMPLOYEE REPRESENTATIVE SIGNATURE

I certify that the information in this application is accurate.

Signature of Employee/Representative: _____ Date: _____

If completed by a representative, name of representative: _____